ECS Configuration Change Request				Page 1 of		f Pag	Page(s)	
1. Originator	2. Log Date:	3. CCR #:		4. Rev:	5. Tel:	6. Rm #:	7. Dept.	
Mary Armstrong	09/02/03	03-0602		_	925-0439			
8. CCR Title: Program Management Plan for the EMD Project (108-EMD-001)								
9. Originator Signature/Date			10. C	ass 11. Type: 12. Need Date: 9/2/2003		e: 9/2/2003		
Mary S. Armstrong /s/ 09/02/03			ı	I	CCR			
13. Office Manager Signature/Date			14. Category o		CII : DI . I 07)			
Mary S. Armstrong /s/ 09/02/03			Initial ECS Baseline Doc.		eline Doc.	fill in Block 27). Emergency		
16. Documentation/Drawings Impacted (Review and submit checklist):			I7. Sche mpact: None	dule	le 18. CI(s) Affected:None			
19. Release Affected by this Change: 20. Date due								
N/A 9/2/20			Trone ender reen					
22. Source Reference: ☐NCR (attach) ☐Action Item ☐Tech Ref. ☐GSFC ☐Other: Contract Data Requirements Document for EMD (NAS5-03098)								
23. Problem: (use addition								
This is a CDRL under the EM	D contract, due 9/2/2003	•						
24. Proposed Solution: (us Deliver document as submitte		ecessary)						
Deliver document as submitte	ea.							
25. Alternate Solution: (use	e additional sheets if no	ecessary)						
25. Alternate Solution: (use	e additional sheets if no	ecessary)						
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26. Consequences if Chang		- /	nal sheet	ts if nec	essary)			
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26. Consequences if Chang Poor customer evaluation.	ge(s) are not approved:	(use addition	nal sheet	ts if nec	essary)			
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